

NHSScotland Workforce Information

Quarterly update of Staff in Post and Vacancies at

30 September 2016

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Contents

Introduction	2
Main points.....	3
Results and Commentary	4
1. Staff in Post.....	4
1.1 Staff groupings	4
1.2 Trend in Staff Numbers.....	6
2. Medical & Dental staff	7
2.1 Staff in Post	7
2.2 Consultant Vacancies	11
3. Nursing and Midwifery.....	13
3.1 Staff in Post	13
3.2 Vacancies	15
4. Allied Health Professions	17
4.1 Staff in Post	17
4.2 Vacancies	19
5. Age Profiles.....	21
6. Other information updated in this release	22
6.1 Clinical Nurse Specialists	22
6.2 Consultant Contract.....	22
6.3 Dental Workforce.....	22
6.4 Pharmacy Vacancies	22
6.5 Nursing and Midwifery Students	22
Glossary.....	23
List of Tables.....	24
Contact.....	26
Further Information.....	26
NHS Performs.....	26
Rate this publication.....	26
Appendices	27
A1 – Background Information	27
A2 – Publication Metadata (including revisions details)	29
A3 – Early Access details (including Pre-Release Access)	31
A4 – ISD and Official Statistics	32

Introduction

The NHSScotland workforce has a significant role to play in the delivery of quality services that meet the needs of patients, their families and the general public in a modern health service.

In June 2013, the Scottish Government launched the [2020 Workforce Vision "Everyone Matters"](#) to ensure that everyone who works for NHSScotland is: treated fairly; empowered to influence the way they work; supported to work to the best of their ability; supported to keep their skills and knowledge up to date.

The [2020 Workforce Vision Implementation Framework and Plan 2014-15](#) sets out the key ambitions, as well as the main challenges, facing the future provision of healthcare services in Scotland. The programme also sets out a framework of what the workforce needs to look like in order to deliver against those ambitions and achieve the 2020 Vision for Healthcare in Scotland.

This report incorporates all staff directly employed by NHS Boards and excludes those working as independent contractors, such as locums and General Practitioners (GPs). To meet the demand of the public and workforce planning stakeholders, Information Services Division (ISD) has been releasing quarterly workforce information since 2011. Due to varying sources and frequency of bespoke data collections, the breadth of data released across the year varies. Further detail on the quarterly publication cycle is captured in this [timetable](#).

This latest release of NHSScotland workforce information as at 30 September 2016 includes:

- Trend data for all staff in post across all job families incorporating indicators such as age, gender, contract type, Agenda for Change band, grade, and specialty where applicable.
- Vacancy numbers for nursing and midwifery, allied health professions, consultants and pharmacy.
- Nursing and midwifery student intakes, students in training and progression rates.
- Number of Clinical nurse specialists split by age, gender, contract type and specialty.
- Consultant contract detail including information on signed off job plans and programmed activities.
- Number of NHS dentists split by age, gender and Scottish Index of Multiple Deprivation.

The primary source of information on staff employed by NHSScotland is the Scottish Workforce Information Standard System (SWISS) which brings together HR and Payroll information. In addition to this, ISD collects a range of information directly from NHS Boards.

As the shape of the workforce continues to evolve and the need for timely and detailed information increases, ISD is committed to improving national Workforce information along with our key stakeholders; the NHS Boards and Scottish Government in order to support local, regional and national workforce planning.

Within this report, section 1 provides an overview of the overall NHSScotland workforce at 30 September 2016, while sections 2, 3 and 4 focus on key staff groups. Section 5 offers a brief overview of age profiles. The report concludes with a set of statistics that are published annually, including the number of clinical nurse specialists.

Main points

As at 30 September 2016:

- The number of staff employed by NHSScotland continues to grow. The headcount of 161,806 staff represents a rise of 0.6% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 138,651.2. Over the last 10 years the WTE has risen by 9.1%.
- There were 5,174.5 WTE medical and dental consultants in post, an increase of 2.9% (147.8 WTE) since September 2015 and a reported 42.8% (1,549.9 WTE) since September 2006. Over the last 10 years the greatest percentage increases were reported in emergency medicine (185.7%) and paediatric specialties (83.3%), while medical specialties account for the greatest increase in number (445.3 WTE).
- Nursing and midwifery accounted for 42.7% of the national workforce. The number of staff in post was 59,161.0 WTE, representing an increase of 0.4% from 30 September 2015. Over the last 10 years, the WTE has increased by 4.2%.
- Current vacancy numbers and rates for consultants (386.9 WTE / 7.0%) and nursing and midwifery (2,634.5 WTE / 4.3%) represent increases in vacant posts since 30 September 2015. The number of nursing and midwifery posts vacant for 3 months or more has increased by 64.8% (323.8 WTE) since 30 September 2015.
- The median age of the national workforce has increased from 43 to 46 over the last 10 years. The number of staff aged 50 and over has increased from 26.7% to 37.7%.

Results and Commentary

Throughout the report, tables and charts providing an overview of the national workforce are supplemented by detailed trend information at NHS Board level via excel tables available [here](#). Please note, reported figures exclude an array of staff within various staff groups that contribute to the provision of service but are not employed directly by NHS Boards.

1. Staff in Post

This section provides a summary of all staff directly employed by NHSScotland as at 30 September 2016 and illustrates how the workforce has changed over time. Workforce statistics are routinely reported as [headcount](#) and [whole time equivalent \(WTE\)](#), which adjusts the figure to take account of part time working.

1.1 Staff groupings

The number of staff employed by NHSScotland continues to grow. At 30 September 2016, NHSScotland had a total headcount of 161,806 staff, which represents a rise of 0.6% over the last year. Adjusting for part time working, the WTE has risen by 0.7% to 138,651.2.

Table 1 presents recent trends in workforce by staff group. The majority of the 923.4 WTE increase in staff since 30 September 2015 was seen in HCHS medical staff (307.5 WTE), nursing and midwifery (238.0 WTE) and other therapeutic services (146.1 WTE).

Table 1: NHSScotland Workforce Trend (WTE) by Staff Group

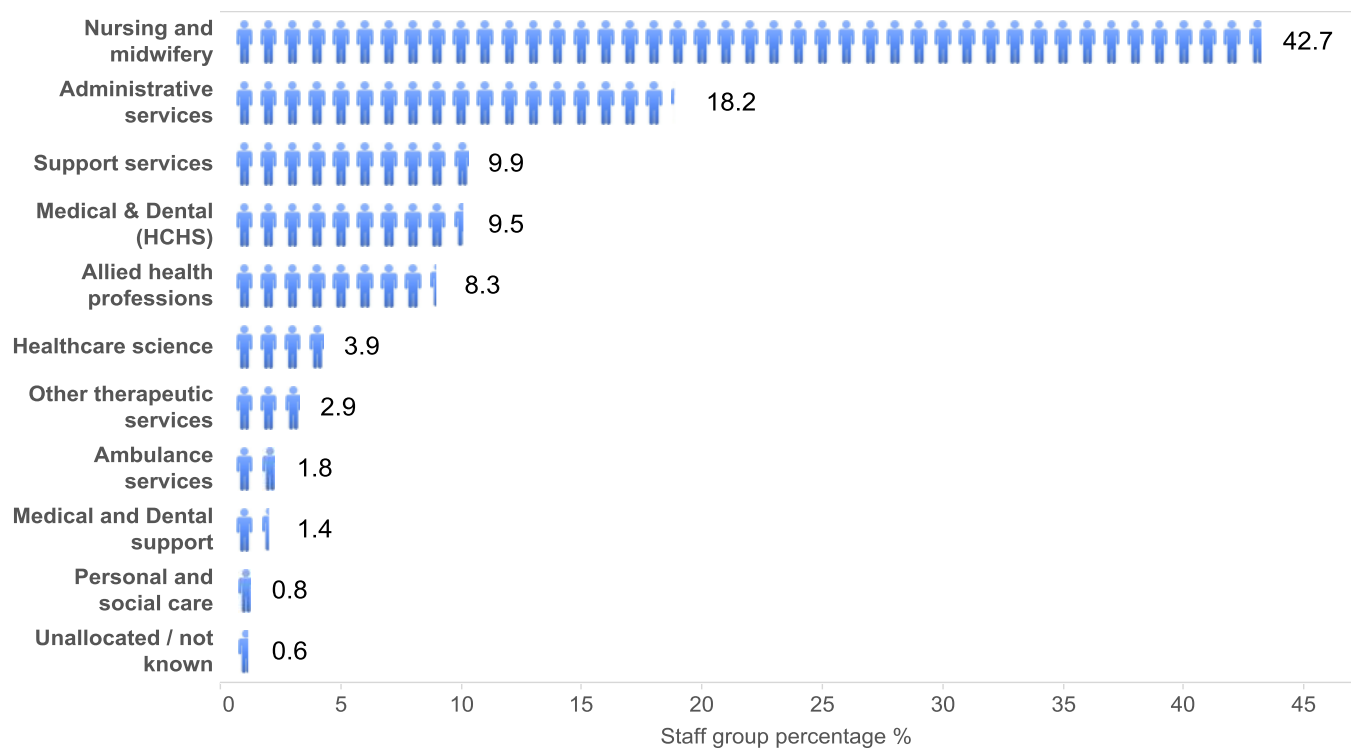
Staff Group	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
All NHSScotland staff	137,727.9	138,125.4	138,651.2	0.4%	0.7%
Medical (HCHS) ¹	12,160.3	12,041.1	12,467.8	3.5%	2.5%
Dental (HCHS) ¹	651.8	653.9	649.9	-0.6%	-0.3%
Medical & dental support	1,836.2	1,922.8	1,930.3	0.4%	5.1%
Nursing & midwifery	58,923.0	59,188.7	59,161.0	0.0%	0.4%
Allied health professions	11,342.3	11,386.4	11,477.6	0.8%	1.2%
Other therapeutic services	3,913.8	4,028.0	4,059.9	0.8%	3.7%
Personal & social care	1,001.4	1,111.8	1,118.5	0.6%	11.7%
Healthcare science	5,425.3	5,447.5	5,450.8	0.1%	0.5%
Ambulance services	2,440.5	2,519.5	2,554.9	1.4%	4.7%
Administrative services	25,191.6	25,151.4	25,224.7	0.3%	0.1%
Support services	13,827.8	13,820.1	13,767.5	-0.4%	-0.4%
Unallocated / not known ²	1,014.0	854.0	788.3	-7.7%	-22.3%

Notes:

1. HCHS - Hospital, Community, and Public Health Services
2. NHS Highland and Highland Council are currently developing an integrated model for health and social care. Staff involved in the delivery of core integrated services started to transfer from Highland Council to NHS Highland in June 2012. Staff who have transferred into NHS Highland but have not yet been assimilated to AfC are currently recorded as unallocated / not known.

Figure 1 outlines the current shape of the national workforce, with over 40% working in nursing and midwifery. Trend data shows that while the workforce continues to grow, the overall configuration of the workforce remains relatively consistent.

Figure 1: NHSScotland Workforce Staff Group Percentages (WTE) at 30 September 2016



Notes:

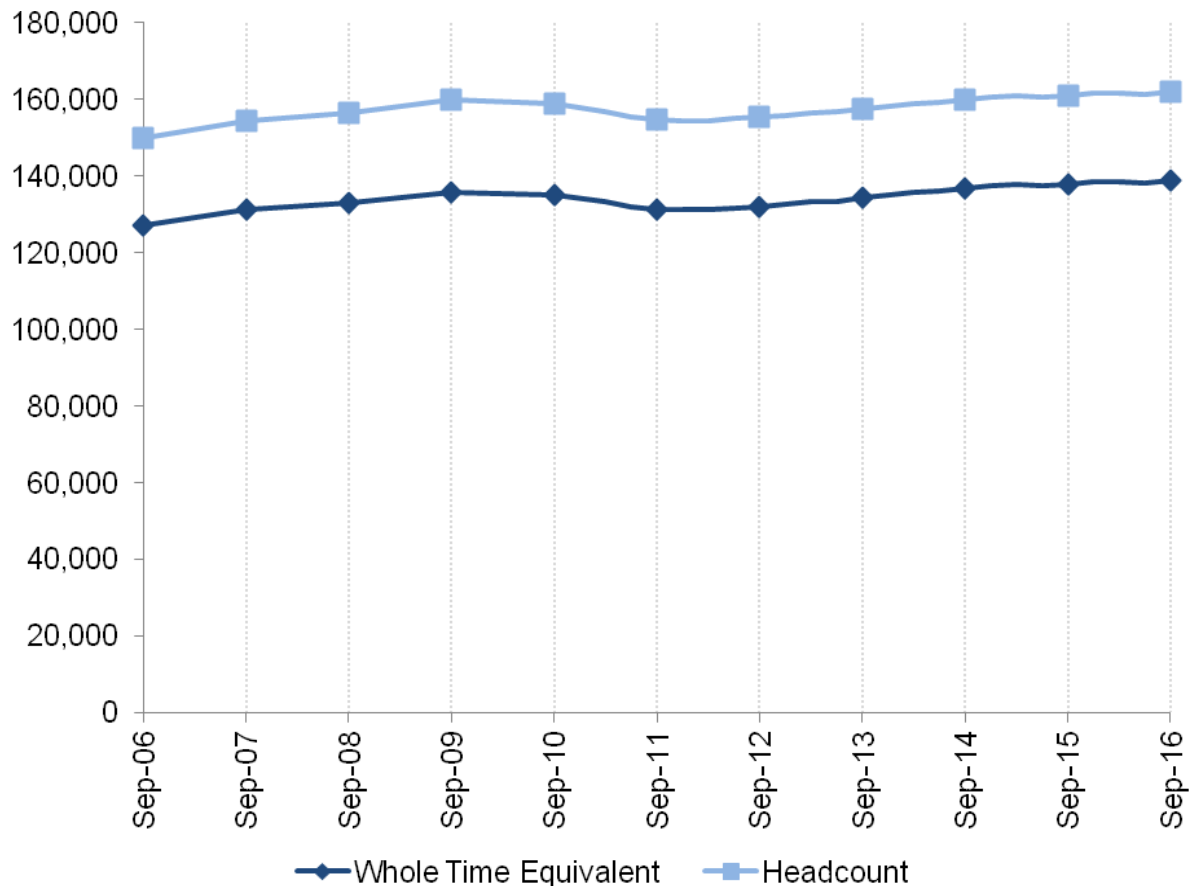
- 1. HCHS - Hospital, Community, and Public Health Services

Detailed NHS Board information on the overall workforce, incorporating indicators such as staff group, age, contract type and gender is available [here](#).

1.2 Trend in Staff Numbers

Figure 2 illustrates the change in staff numbers over time. With the exception of a small downward trend between 2009 and 2011, the workforce has continued to grow over the last ten years. The number of staff employed has increased by 7.9% (11,854), while the WTE has increased by 9.1% (11,589.4) since September 2006.

Figure 2: NHSScotland Total Workforce Trend



Please note Figure 2 includes quarterly data from March 2011 onwards, providing greater granularity and offering an insight into any possible seasonal variation that isn't apparent in yearly comparisons. For instance, during 2015 and 2016, there has been a small decrease in the overall staff between March and June before returning to the general upward trend in September. NHS Board trend information by staff group is available [here](#).

2. Medical & Dental staff

2.1 Staff in Post

At 30 September 2016, Hospital, Community, and Public Health Services (HCHS) medical and dental staff accounted for 9.5% (13,117.7 WTE) of the NHSScotland workforce. This cohort includes doctors and NHS salaried dentists, including those in training. 39.4% of the medical and dental workforce are consultants, a proportion that has increased by 3.8% over the last ten years.

Table 2: NHSScotland Medical and Dental Staff in Post (WTE)

	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
HCHS medical and dental staff	12,812.1	12,695.0	13,117.7	3.3%	2.4%
Consultant ¹	5,026.7	5,077.0	5,174.5	1.9%	2.9%
Director (Clinical, Medical & Dental) ^{2,6}	74.7	125.3	129.2	3.2%	73.0%
Staff and associate specialist grades ³	1,321.3	1,237.1	1,226.5	-0.9%	-7.2%
Doctors in training ⁴	5,922.2	5,610.8	5,832.5	4.0%	-1.5%
Other grades ⁵	467.2	644.8	755.0	17.1%	61.6%

Notes:

- Staff in the consultant group include consultants and directors of public health.
- Staff in the director (clinical, medical & dental) group include assistant chief administrative dental officer, assistant clinical director, chief administrative dental officer, clinical director and medical director.
- Staff in the staff and associate specialist group include staff, associate specialist, clinical medical officer, hospital practitioner, limited specialist, part time dental practitioner para 107 app, part time medical practitioner para 94 app. [clin ass], senior clinical medical officer, specialty doctor, dental officer and senior dental officer.
- Staff in the doctors in training group include foundation year 1, foundation year 2, doctors in training with NTN, and doctors in training with no NTN.
- Staff in the other group include clinical fellow, dental advisor [CSA only], dental core training - grade 1, dental core training - grade 2, general professional trainee - dental, other, prescribing advisor, salaried GDP, salaried GP and Sessional GP out of hours.
- The increase in the number of directors (clinical, medical & dental) is due to previous under reporting from NHS Lothian.

The current 5,174.5 WTE shown in Table 3 represents an increase of 2.9% in consultants since 30 September 2015 with medical specialties responsible for the largest annual increase (84.3 WTE).

Table 3: NHSScotland Consultants¹ in Post (WTE) by Specialty Groups

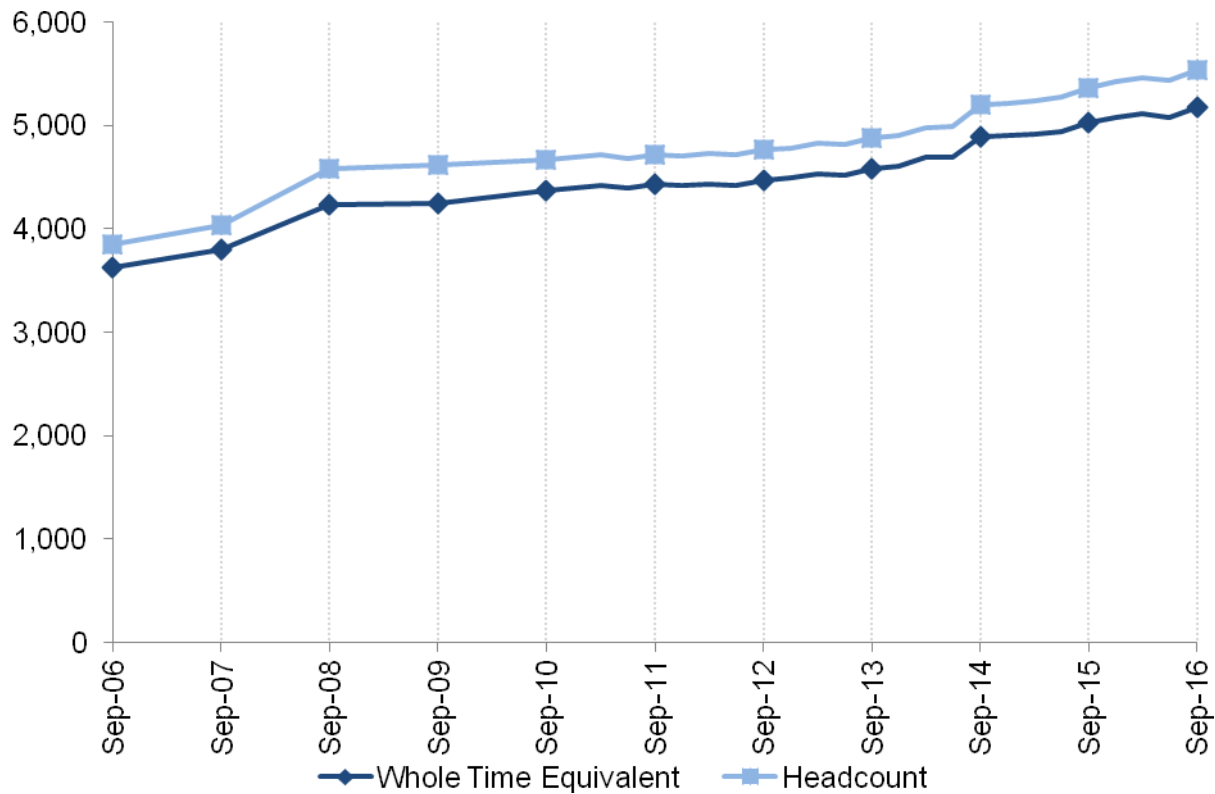
	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
All specialties	5,026.7	5,077.0	5,174.5	1.9%	2.9%
Emergency medicine	207.3	208.9	216.4	3.6%	4.4%
Anaesthetics	731.9	722.3	731.9	1.3%	0.0%
Obstetrics and gynaecology	248.5	251.6	249.5	-0.8%	0.4%
Clinical laboratory specialties	623.1	625.1	634.5	1.5%	1.8%
Medical specialties	1,154.1	1,192.5	1,238.4	3.8%	7.3%
Psychiatric specialties	542.4	548.5	554.7	1.1%	2.3%
Surgical specialties	954.8	951.9	966.4	1.5%	1.2%
Paediatrics specialties	298.5	304.7	306.6	0.6%	2.7%
Other specialties ²	176.1	175.6	180.2	2.6%	2.3%
Dental specialties	90.0	95.9	96.0	0.1%	6.6%

Notes:

1. Includes Directors of Public Health
2. Other specialties group includes intensive care medicine, public health medicine, occupational medicine, community sexual and reproductive health, general practice (directly employed by NHS Boards) and consultants with a not known medical specialty.

Figure 3 illustrates the ongoing growth in number of consultants employed by NHSScotland. The reported number of consultants employed has increased 44.0% (1,693), while the WTE has increased by 42.8% (1,549.9) since September 2006.

Figure 3: NHSScotland Medical and Dental Consultants Trend¹



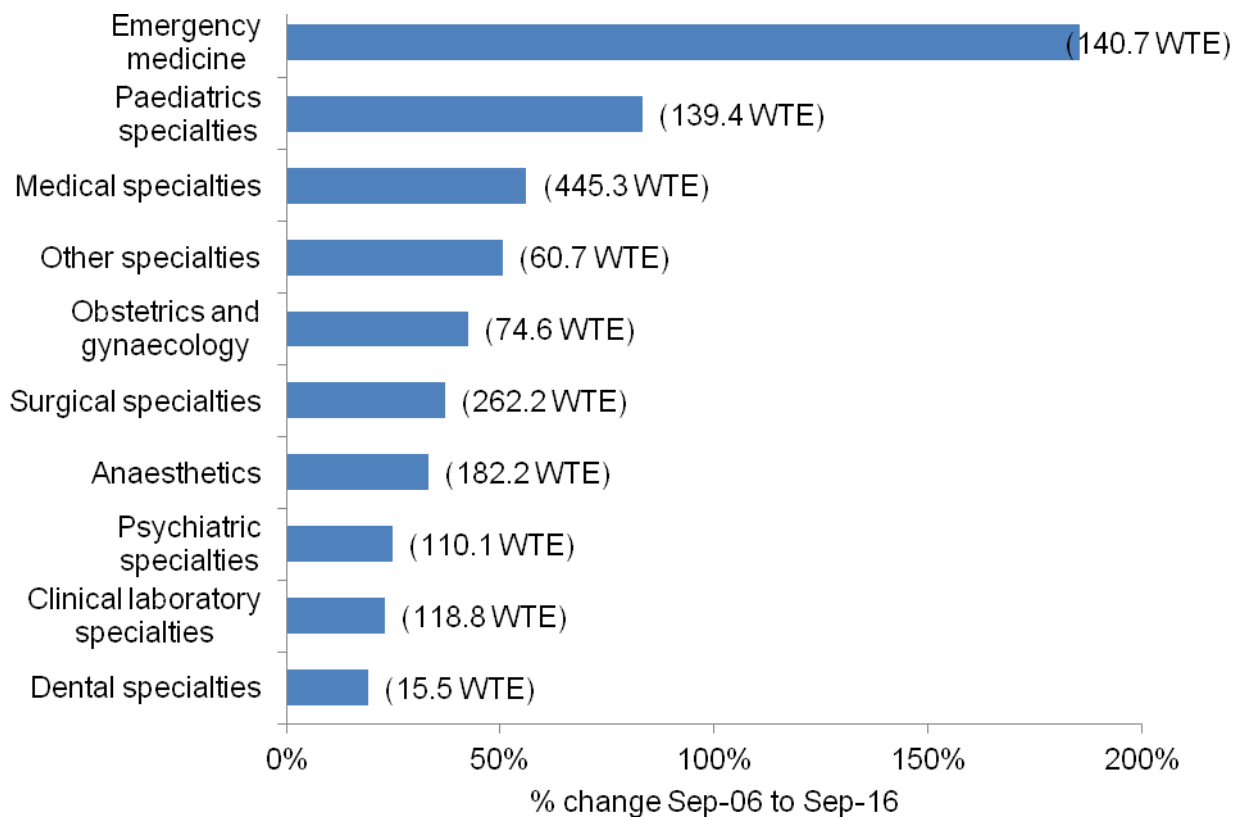
Notes:

1. Includes Directors of Public Health.
2. Data capture and reporting of medical and dental staff by grade has improved over time. While this results in more robust information, caution should be taken when considering long term trends. Specifically, the number of consultants recorded increased noticeably in 2008 and 2014. This relates to migration of source data in 2008 and improved quality assurance following on from the introduction of a new HR system in 2014.

Please note Figure 3 includes quarterly data from March 2011 onwards, providing greater granularity and offering an insight into any variation that isn't apparent in yearly comparisons. NHS Board trend information on consultants by specialty is available [here](#).

Split by specialty group, Figure 4 illustrates the percentage and WTE change for consultants in post since September 2006. The biggest percentage increases were reported in emergency medicine (185.7%) and paediatric specialties (83.3%) while medical specialties account for the greatest reported increase in number (445.3 WTE).

Figure 4: Change of NHSScotland Consultants¹ in Post from September 2006 to September 2016 by Specialty Group



Notes:

1. Includes Directors of Public Health
2. Other specialties group includes intensive care medicine, public health medicine, occupational medicine, community sexual and reproductive health, general practice and consultants with a not known medical specialty.
3. Data capture and reporting of medical and dental staff by grade has improved over time. While this results in more robust information, caution should be taken when considering long term trends. Specifically, the number of consultants recorded increased noticeably in 2008 and 2014. This relates to migration of source data in 2008 and improved quality assurance following on from the introduction of a new HR system in 2014.

NHS Board information on consultants in post by specialty is available [here](#).

2.2 Consultant Vacancies

In addition to staff in post, Table 4 presents the change in establishment and vacancy figures over the last year. At 30 September 2016, 7.0 % (386.9 WTE) of consultant posts were vacant. This compares to 6.4% at 30 September 2015 and 7.5% at 30 June 2016. Of these vacancies, 182.5 WTE were vacant for more than six months, an increase of 43.0 WTE since 30 September 2015 but a slight decrease of 6.2 WTE since 30 June 2016.

Table 4: NHSScotland Consultant¹ Establishment, Staff in Post and Vacancies (WTE)

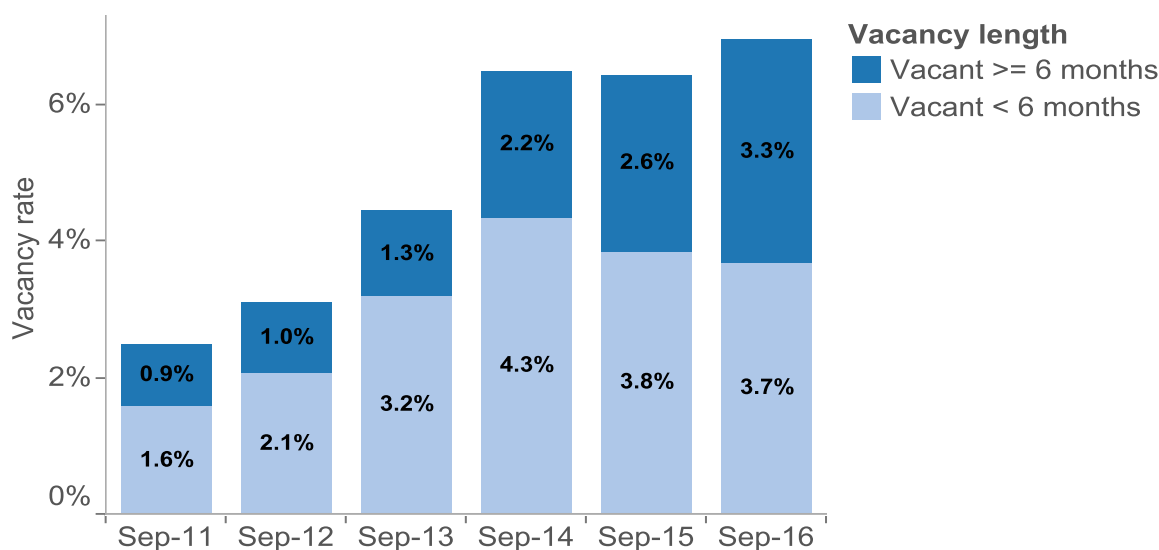
	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
Establishment ²	5,372.2	5,491.2	5,561.4	1.3%	3.5%
Staff in post	5,026.7	5,077.0	5,174.5	1.9%	2.9%
Total vacancies ³	345.5	414.2	386.9	-6.6%	12.0%
Vacant 6 months or more	139.5	188.7	182.5	-3.3%	30.8%
Total vacancy rate	6.4%	7.5%	7.0%		

Notes:

1. Includes Directors of Public Health.
2. Establishment is calculated as number of staff in post plus total vacancies.
3. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore establishment may include double counting.

By nature, vacancy rates will fluctuate from quarter to quarter. Figure 5 shows the change in rate for consultant posts as at 30 September from 2011 to 2016. Consultant vacancies are split into ‘vacant for less than six months’ and ‘vacant for six months or more’. Over the last five years, the overall vacancy rate has increased from 2.5% to 7%. The proportion of consultant posts remaining vacant for over six months meanwhile has risen from 0.9% to 3.3%.

Figure 5: Consultant Vacancy Rates by Length of Vacancy¹



Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.

The highest numbers of vacancies at 30 September 2016 were recorded in clinical radiology (41.7 WTE; 11.5% vacancy rate), paediatrics (33.2 WTE; 9.8%), anaesthetics (26.8 WTE; 3.5%), general psychiatry (25.5 WTE; 7.1%) and general medicine (24.5 WTE; 17.4%).

The specialties with the highest number of posts vacant for six months or more were clinical radiology (24.7 WTE; 6.8% vacancy rate), general psychiatry (14.4 WTE; 4.0%), anaesthetics (12.5 WTE; 1.6%), emergency medicine (11.7 WTE; 5.0%) and general medicine (11.5 WTE; 8.2%).

Information on consultant vacancies by specialty and NHS Board is available [here](#).

Trend information on consultant vacancies back to 2003 is available [here](#).

3. Nursing and Midwifery

3.1 Staff in Post

Nursing and midwifery comprises of a diverse array of sub job families listed [here](#). At 30 September 2016, these staff accounted for 42.7% (59,161.0 WTE) of the workforce in NHSScotland. Within nursing and midwifery 72.8% of staff were qualified¹. Overall, the proportion of qualified staff has increased by 0.5% in the last ten years.

Table 5 indicates that while the overall number of nursing and midwifery staff has increased by 0.4% since September 2015. The number of nursing staff increased by 0.6% (330.4 WTE) over the last year to 56,246.3 WTE, this is primarily due to a 2.1% increase in unqualified staff as qualified numbers remained steady. Midwifery staff decreased by 3.0% (88.9 WTE) to 2,847.8 WTE, this was primarily due to a 3.6% decrease in qualified staff.

Table 5: NHSScotland Nursing and Midwifery Staff in Post (WTE)

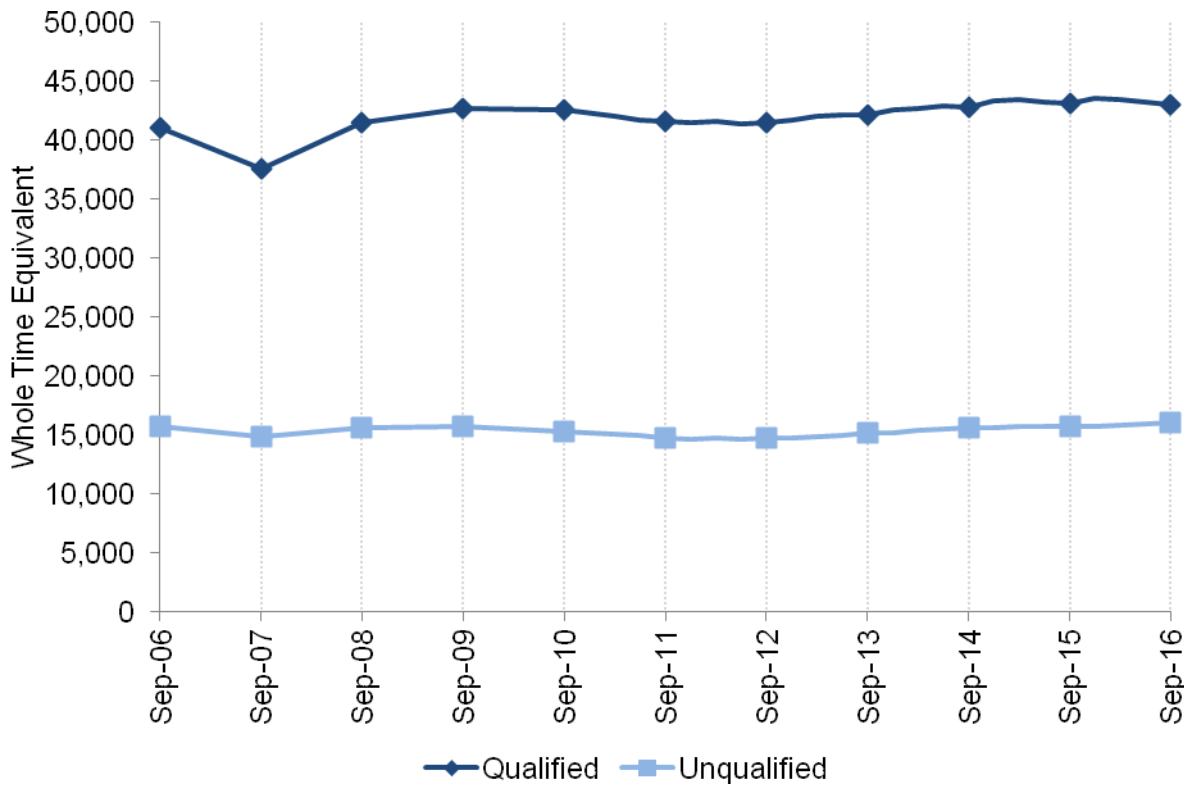
	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
Nursing and midwifery	58,923.0	59,188.7	59,161.0	0.0%	0.4%
Nursing	55,915.9	56,201.4	56,246.3	0.1%	0.6%
Qualified ¹	40,680.9	40,743.2	40,690.1	-0.1%	0.0%
Unqualified ²	15,235.0	15,458.2	15,556.2	0.6%	2.1%
Midwifery	2,936.6	2,911.1	2,847.8	-2.2%	-3.0%
Qualified ¹	2,439.7	2,423.0	2,353.0	-2.9%	-3.6%
Unqualified ²	496.9	488.1	494.7	1.3%	-0.4%
Not assimilated/not known	70.5	76.2	67.0	-12.2%	-5.0%

Notes:

1. Qualified is Agenda for Change bands 5 and above, including interns.
2. Unqualified is Agenda for Change bands 1 to 4.

Figure 6 illustrates the trend in the number of qualified and unqualified nursing and midwifery staff employed by NHSScotland. The number of qualified nursing and midwifery has increased by 4.9% (2,017.0 WTE) since September 2006, while the number of unqualified nursing and midwifery staff increased by 1.9% (293.2 WTE). Within this period, there was a combined downward trend in qualified and unqualified nursing and midwifery staff between 2009 and 2012, followed by a gradual rise in the number of staff employed.

Figure 6: NHSScotland Nursing and Midwifery Trend¹



Notes:

1. 2007 was a transitional year while staff assimilated to the new Agenda for Change terms and conditions.
2. Qualified nurses and midwives in 2006 are registered nurses and midwives, for 2007 on they are Agenda for Change (AfC) bands 5 and above, including interns.
3. Unqualified nursing and midwifery staff in 2006 are unregistered, for 2007 on they are AfC bands 1 to 4.

Please note Figure 6 includes quarterly data from March 2011 onwards, providing greater granularity and offering an insight into any variation that isn't apparent in yearly comparisons. NHS Board information on nursing and midwifery staff in post by sub job family, Agenda for Change band, age, gender, contract type and location of service delivery is available [here](#).

3.2 Vacancies

In addition to staff in post, Table 6 presents the change in establishment and vacancy figures over the last year. At 30 September 2016, 4.3 % (2,634.5 WTE) of nursing and midwifery posts were vacant. This compares to 3.9% at 30 September 2015 and 4.2% at 30 June 2016. Of these vacancies, 823.8 WTE posts were vacant for more than three months, an increase of 323.8 WTE since September 2015.

Table 6: NHSScotland Nursing and Midwifery Establishment, Staff in Post and Vacancies (WTE)

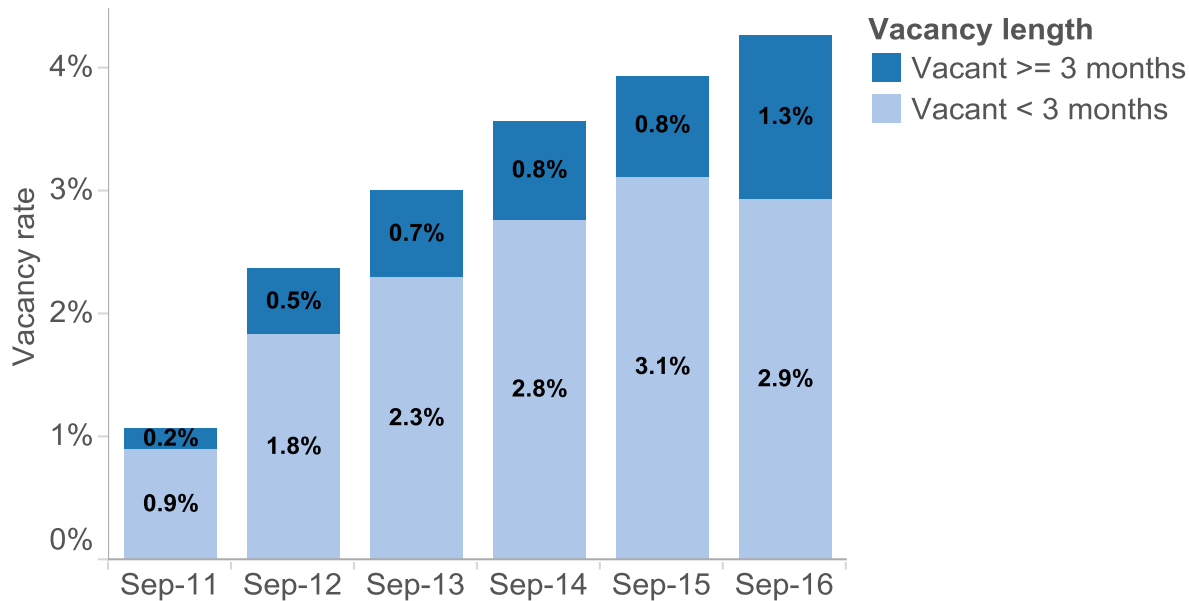
	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
Establishment ¹	61,334.3	61,755.0	61,795.6	0.1%	0.8%
Staff in post	58,923.0	59,188.7	59,161.0	0.0%	0.4%
Total vacancies ²	2,411.2	2,566.3	2,634.5	2.7%	9.3%
Vacant 3 months or more	500.0	598.7	823.8	37.6%	64.8%
Total vacancy rate	3.9%	4.2%	4.3%	2.6%	8.4%

Notes:

1. Establishment is calculated as number of staff in post plus total vacancies.
2. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore establishment may include double counting.

By nature, vacancy rates will fluctuate from quarter to quarter. Figure 7 shows nursing and midwifery vacancy rates as at 30 September from 2011 to 2016. Nursing and midwifery vacancies are split into 'vacant for less than three months' and 'vacant for three months or more'. Over the last 5 years, the overall vacancy rate has increased from 1.1% to 4.3%¹. The proportion of nursing and midwifery posts remaining vacant for over three months meanwhile has increased from 0.2% to 1.3%.

Figure 7: Nursing and Midwifery Vacancy Rates by Length of Vacancy¹



Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.

The highest vacancy rates as at 30 September 2016 were recorded in health visiting (7.0%; 151.2 WTE), paediatrics (6.7%; 146.2 WTE) and district nursing (5.4%; 200.5 WTE). These same specialties also had the highest rates for posts vacant three months or more.

NHS Board information on nursing and midwifery vacancies by sub job family, Agenda for Change band group and location of service delivery is available [here](#).

Trend information on nursing and midwifery vacancies back to 2007 is available [here](#).

4. Allied Health Professions

4.1 Staff in Post

Allied health professions are a distinct group of health professionals and support staff that provide a range of diagnostic, technical, therapeutic and direct patient care and support services. The various sub job families are listed [here](#).

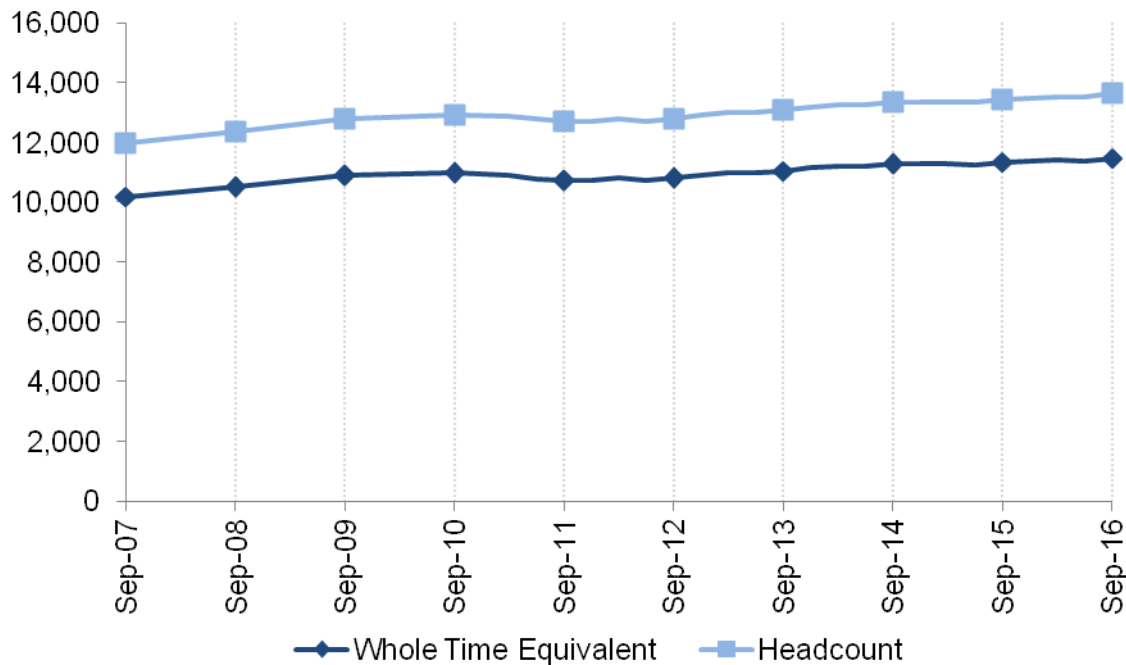
Allied health professions staff accounted for 8.3% (11,477.6 WTE) of the NHSScotland workforce at 30 September 2016. Table 7 provides staff in post figures over the last year broken down by profession. The majority of the 1.2% (135.2 WTE) increase in allied health professions staff since September 2015 was seen in physiotherapy (49.7 WTE) and paramedics (29.6 WTE).

Table 7: NHSScotland Allied Health Professions Staff in Post (WTE)

	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
Allied health professions	11,342.3	11,386.4	11,477.6	0.8%	1.2%
Arts therapy (art/music/drama)	21.9	22.1	21.3	-3.9%	-3.0%
Dietetics	728.9	739.6	742.5	0.4%	1.9%
Occupational therapy	2,217.1	2,223.3	2,240.3	0.8%	1.0%
Orthoptics	95.1	97.2	96.5	-0.7%	1.4%
Orthotics	69.5	70.0	76.0	8.6%	9.3%
Paramedics	1,370.5	1,405.2	1,400.2	-0.4%	2.2%
Physiotherapy	2,788.9	2,798.4	2,838.6	1.4%	1.8%
Podiatry	658.2	644.6	640.4	-0.7%	-2.7%
Prosthetics	26.1	29.7	28.1	-5.4%	7.7%
Radiography	2,253.9	2,239.6	2,282.4	1.9%	1.3%
Diagnostic	1,988.3	1,965.4	2,002.7	1.9%	0.7%
Therapeutic	265.6	274.2	279.6	2.0%	5.3%
Speech and language therapy	957.7	961.5	954.7	-0.7%	-0.3%
Multi skilled	154.5	155.1	156.7	1.0%	1.4%

Figure 8 illustrates the growth in the number of allied health professions staff employed by NHSScotland. The number of staff has increased 13.8% (1,656), while the WTE has increased by 12.7% (1,292.3) since September 2007. Please note, paramedics from ambulance services were reclassified as allied health professions in 2013. For the purposes of trend analysis, this has been backdated as far as possible, to 30 September 2007.

Figure 8: NHSScotland Allied Health Professions Trend^{1,2}



Notes:

1. To allow a comparable trend with 2007 information, adjustments have been made to allied health profession. For 2006 play staff/specialists and rehabilitation/clinical support assistants have been excluded.
2. From 1 April 2013, paramedics have been reclassified from ambulance services staff to allied health professions. For the purposes of trend analysis, this has been backdated as far as possible, 2007.

Figure 8 includes quarterly data from March 2011 onwards, providing greater granularity and offering an insight into any variation that isn't apparent in yearly comparisons. NHS Board information on allied health professions staff in post by sub job family, Agenda for Change band, age, gender and contract type is available [here](#).

4.2 Vacancies

In addition to staff in post, Table 8 presents the change in establishment and vacancy figures over the last year. At 30 September 2016, 3.7% (437.4 WTE) of allied health profession posts were vacant. This compares to 3.5% at September 2015 and 4.4% at 30 June 2016. Of these vacancies, 129.6 WTE were vacant for more than three months which represents an increase of 46.9 WTE since 30 September 2015.

Table 8: NHSScotland Allied Health Professions Establishment, Staff in Post and Vacancies (WTE)

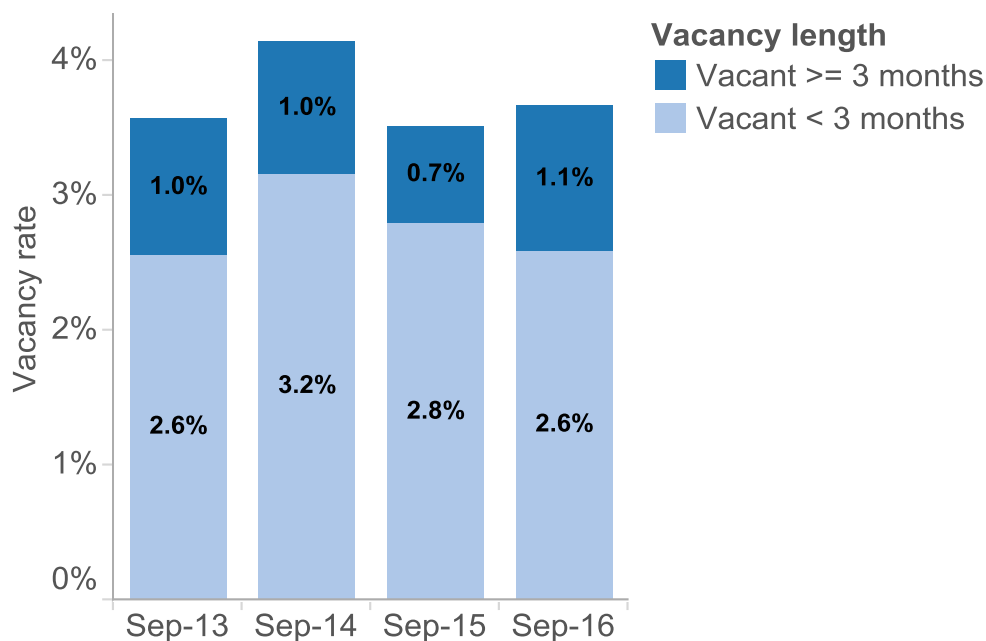
	Sep-15	Jun-16	Sep-16	% change Jun-16 to Sep-16	% change Sep-15 to Sep-16
Establishment ¹	11,753.7	11,907.8	11,914.9	0.1%	1.4%
Staff in post	11,342.3	11,386.4	11,477.6	0.8%	1.2%
Total vacancies ²	411.4	521.4	437.4	-16.1%	6.3%
Vacant 3 months or more	82.8	120.6	129.7	7.5%	56.7%
Total vacancy rate	3.5%	4.4%	3.7%	-16.2%	4.9%

Notes:

1. Establishment is calculated as number of staff in post plus total vacancies.
2. Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post. A post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore establishment may include double counting.

By nature, vacancy rates will fluctuate from quarter to quarter. Figure 9 shows the change in rate for allied health professions vacancy rates as at 30 September from 2013 to 2016. Vacancies are split into 'vacant for less than three months' and 'vacant for three months or more'. The total vacancy rate at September 2013² was 3.7%¹ with 0.7% of posts vacant for three months or more. The rates have been at similar levels in subsequent years with the same total vacancy rate of 3.7% at September 2016 and 1.1% of posts lying vacant for three months or more.

Figure 9: Allied Health Professions Vacancy Rates by Length of Vacancy¹



Notes:

1. Does not include proportion (%) of vacancies with unknown length of vacancy.
2. Paramedics were reclassified from ambulance services to allied health professions from 1 April 2013 therefore comparisons have been made to September 2013 and not 2011 as in previous sections of this report.

The highest numbers of vacancies in September 2016 were recorded in physiotherapy (145.3 WTE; 4.9% vacancy rate), occupational therapy (91.6 WTE; 3.9%) and diagnostic radiography (78.5 WTE; 3.8%). These professions also had the highest numbers of posts vacant for three months or more.

NHS Board information on allied health professions vacancies by sub job family and Agenda for Change band group is available [here](#).

Trend information on allied health professions vacancies back to 2007 is available [here](#).

5. Age Profiles

The age of the workforce is critical for workforce planning. This is an important consideration for succession planning and ensuring specialist knowledge and clinical supervision skills are present across the skill mix and age range of staff and professions to avoid knowledge gaps if staff leave the service through retirement.

Over the last ten years, the median age of the national workforce has increased from 43 to 46. Figure 10 demonstrates the growing proportion of staff aged 50 and over. This has increased from 26.7% to 37.7%.

Figure 10: Age Profile of NHSScotland Workforce (WTE)

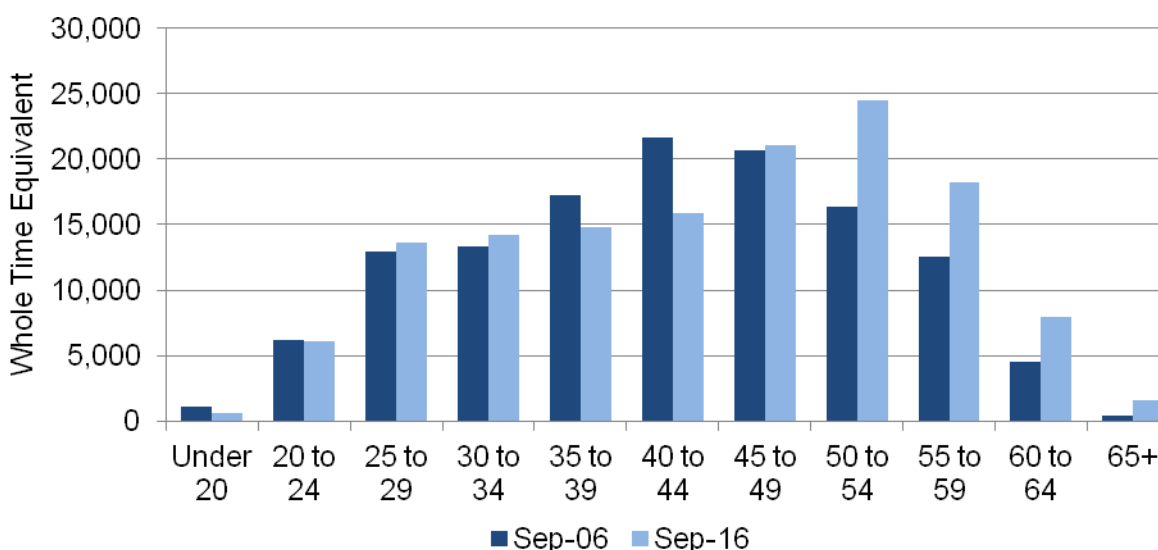
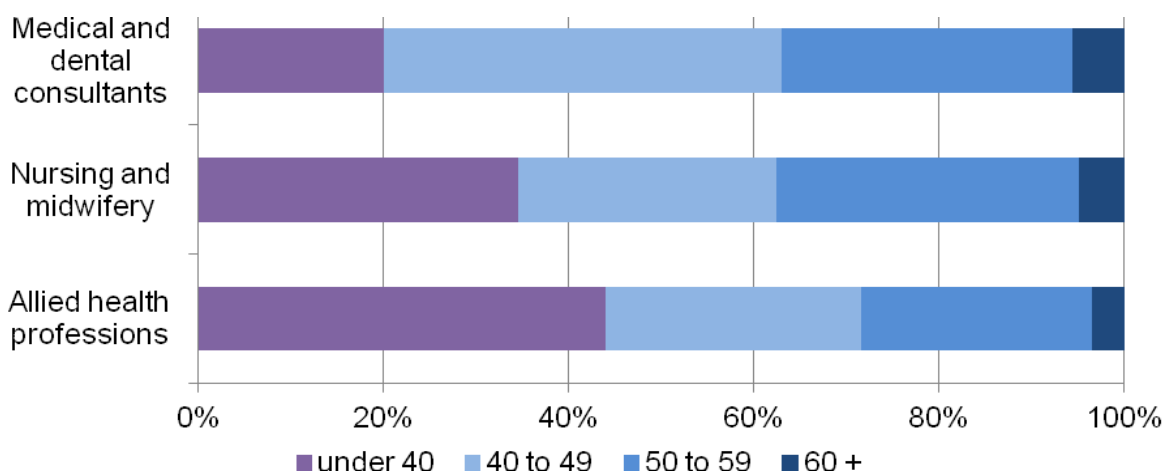


Figure 11 illustrates the current age distribution of medical and dental consultants, nursing and midwifery staff and allied health professions staff. Consultants had the highest median age at 47, while allied health professions had the lowest at 42. Nursing and midwifery had the most staff aged 50 and over with 37.6%.

Figure 11: Age Profile of Selected Staff Groups at 30 September 2016 (WTE)



Further information on age at NHS Board level is available [here](#).

6. Other information updated in this release

6.1 Clinical Nurse Specialists

The number of clinical nurse specialists in post decreased by 2.5% (53.6 WTE) to 1,981.7 WTE between September 2015 and September 2016. NHS Board information on the number of clinical nurse specialists by specialty, Agenda for Change band, age, contract type and gender is available [here](#).

6.2 Consultant Contract

At 30 September 2016, 86.0% of consultants had agreed and signed off job plans. NHS Board information on the number of consultants with signed off job plans by specialty is available [here](#).

6.3 Dental Workforce

There was a headcount of 3,670 dentists working across Scotland at 30 September 2016, an increase of 1.7% (60 headcount) since 30 September 2015. This includes General Dental Service, Public Dental Service and hospital dentists. NHS Board information on dentists by age, gender and Scottish Index of Multiple Deprivation quintile (of dental practice where applicable) is available [here](#).

6.4 Pharmacy Vacancies

There were 155.2 WTE pharmacy vacancies in NHSScotland at 30 September 2016, an increase of 16.7% (22.2 WTE) since 30 September 2015. NHS Board information on pharmacy establishment, staff in post and vacancies is available [here](#).

6.5 Nursing and Midwifery Students

There were and a total of 9,936 initial entrant nursing and midwifery students in training in 2015, an increase of 4.0% (385) since 2014. The intake of initial entrant nursing and midwifery students commencing in the financial year 2015/16 was 3,164, a decrease of 0.7% (21) since 2014/15. Information by specialty on the number of student intakes and in training including post registration courses is available [here](#).

96% of students who commenced nursing and midwifery diploma courses in 2015 were active in training as at 28 October 2016. Information on progression rates by specialty is available [here](#).

Glossary

Agenda for Change (AfC): The national pay system for NHS workforce.

Establishment: Term used in calculating NHSScotland vacancy information to describe the total filled and vacant posts. Establishment is calculated by adding the number of staff in post to the number of vacant posts.

Headcount: The actual number of individuals working within NHSScotland. The Scotland figure eliminates any double counting that may exist as a result of an employee holding more than one post.

Scottish Workforce Information Standard System (SWISS): The main source of NHSScotland workforce statistics. (See Appendix A1 for further information).

Whole time equivalent (WTE): The WTE is calculated by dividing the number of contracted hours by the number of hours worked (conditioned hours). WTE is sometimes a more useful measurement than headcount because it adjusts headcount figures to take account of part time working; e.g. one person may work 20 hours a week, so just using headcount could make the workforce appear larger than it is. WTE is sometimes referred to as full time equivalent (FTE).

A full Workforce information glossary is available on our website [here](#).

List of Tables

Trend

Table No.	Name	Time period	File & size
1	Overall trend	Sep 2016	Excel [529kb]
2	Medical trend	Sep 2016	Excel [15,634kb]
3	Non-medical trend	Sep 2016	Excel [19,037kb]

All Staff

Table No.	Name	Time period	File & size
4	Overall NHSScotland workforce summary by staff grouping	Sep 2016	Excel [8,564kb]
5	Staff turnover	Mar 2016	Excel [354kb]
6	Sickness absence	Mar 2016	Excel [174kb]
7	Equality and Diversity	Mar 2016	Excel [439kb]

HCHS Medical and Dental

Table No.	Name	Time period	File & size
8	Medical & dental staff in post (inc. support staff)	Sep 2016	Excel [12,613kb]
9	HCHS medical and dental staff by specialty	Sep 2016	Excel [28,009kb]
10	HCHS medical and dental staff by grade	Sep 2016	Excel [10,476kb]

HCHS Medical and Dental Consultants

Table No.	Name	Time period	File & size
11	Consultant staff in post	Sep 2016	Excel [1,378kb]
12	Consultant vacancies	Sep 2016	Excel [9,815kb]
13	Consultant contract	Sep 2016	Excel [746kb]

General Dental Service, Public Dental Service and Hospital Dentists

Table No.	Name	Time period	File & size
14	Dentists	Sep 2016	Excel [844kb]

Nursing and Midwifery

Table No.	Name	Time period	File & size
15	Nursing and midwifery staff in post	Sep 2016	Excel [19,014kb]
16	Health visitors	Sep 2016	Excel [489kb]
17	Nursing and midwifery vacancies	Sep 2016	Excel [2,747kb]
18	Clinical nurse specialists	Sep 2016	Excel [7,160kb]
19	Bank and agency nursing and midwifery comparison (capacity)	Mar 2016	Excel [1,236kb]

Nursing and Midwifery Students

Table No.	Name	Time period	File & size
20	Nursing and midwifery - student intakes and students in training	Sep 2016	Excel [41kb]
21	Nursing and midwifery progression rates	Sep 2016	Excel [353kb]

Allied Health Professions

Table No.	Name	Time period	File & size
22	Allied health professions staff in post	Sep 2016	Excel [10,731kb]
23	Allied health professions vacancies	Sep 2016	Excel [3,134kb]

Other Therapeutic and Personal Social Care

Table No.	Name	Time period	File & size
24	Other therapeutic staff and personal social care staff in post	Sep 2016	Excel [6,227kb]

Healthcare Science

Table No.	Name	Time period	File & size
25	Healthcare science staff in post	Sep 2016	Excel [8,113kb]

Administrative Services, Support Services and Ambulance Services

Table No.	Name	Time period	File & size
26	All other staff in post	Sep 2016	Excel [13,046kb]

Pharmacy

Table No.	Name	Time period	File & size
27	Pharmacy vacancies	Sep 2016	Excel [4,039kb]

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Further Information

The Information Services Division publishes a wide range of workforce statistics. You can find out more by visiting our [workforce homepage](#).

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

Appendices

A1 – Background Information

The main source of workforce statistics is the Scottish Workforce Information Standard System (SWISS). SWISS brings together HR and Payroll information into one system.

A new national HR system, electronic Employee Support System (e:ESS), is currently being rolled out across all boards. As boards migrate to the new system, their data captured in e:ESS continues to feed into SWISS.

Data is shown in AfC job families. More information on what is included in each of the job families can be found [here](#).

Further information on current data sources and collections can be found on the ISD Workforce Statistics [Frequently Asked Questions](#) page.

Vacancies

Vacancies are counted as posts that have been cleared for advert after being through the redeployment process (internal or external advert) and remain as a vacancy until an individual starts in the post.

The number of vacancies is a measure of how many posts are being recruited to. Figures may reflect a variety of circumstances within a board such as a gap in staffing or the establishment or growth of services in which new staff are being recruited to.

However, note that a post marked as a vacancy may still be occupied by the previous incumbent and so also included within the staff in post figure. In contrast, some NHS Boards may not recruit where the post is currently being covered by a locum. NHS Boards are currently working with ISD to improve the consistency and accuracy of vacancy recording.

Health and social care integration

NHS Highland and Highland Council are currently developing an integrated model for health and social care. Staff involved in the delivery of core integrated services started to transfer from Highland Council to NHS Highland in June 2012. Staff who have already transferred into NHS Highland but have not yet been assimilated to AfC are currently recorded as unallocated / not known. Figures are noted on table 1 above.

Data quality

Workforce information is sourced from each board's HR and payroll systems. These are dynamic, operational systems in which the data can change over time due to their live status, and potential additional updates made by individual boards.

It is recognised that the published information does not always reflect the data used at board and regional level when planning and presenting the workforce. Accuracy of coding is crucial to the quality and credibility of the data, and ISD seeks to minimise such data inaccuracies. However, responsibility for data accuracy lies with the boards providing the data.

The ISD workforce team work with boards throughout the year in an attempt to improve data quality. Published information may change over time to reflect these improvements.

e:ESS is being introduced across NHSScotland in phases, with each board at a different stage in the process. A number of boards have migrated their data to e:ESS, and this affects data on location of service delivery, medical grade and medical specialty. Changes have been seen in these as boards review their data as part of the migration process.

A review of community nursing staff data, including district nurses and health visitors, was undertaken in 2014/15 to ensure the availability of more accurate and consistent data reporting for these staff groups. The main section of the review is now complete and workforce information for these staff groups is now available in a separate table. Please see the relevant nursing and midwifery tables for further information.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHSScotland Workforce – Staff in Post and Vacancies.
Description	Quarterly update of NHSScotland staff in headcount and whole time equivalent.
Theme	Health and Social Care.
Topic	Workforce Staff in Post and Vacancies Information.
Format	Excel workbooks.
Data source(s)	Scottish Workforce Information Standard System (SWISS), ISD(M)36.
Date that data are acquired	Staff in Post - 11 October 2016. Vacancies – 14 October 2016.
Release date	6 December 2016
Frequency	Quarterly.
Timeframe of data and timeliness	Data as at 30 September 2016.
Continuity of data	Non medical and dental staff data has a break in 2006 due to the introduction of Agenda for Change (AfC). Medical and dental staff data are continuous from 1990.
Revisions statement	High level summary historical trend information was revised in light of the introduction of AfC. This provided the user with comparable trends. It is, however, worth noting that pre-AfC historical trends remain available.
Revisions relevant to this publication	
Concepts and definitions	Each Excel workbook contains detailed definitions pertinent to the particular staff group of interest.
Relevance and key uses of the statistics	Information published is used to support local, regional and national workforce planning.
Accuracy	Workforce staff in post information is captured through the Scottish Workforce Information Standard System (SWISS) - Workforce Information Repository. Further information on this system, data capture and accuracy can be found within the ISD Workforce Web pages. Vacancy information is signed off by the relevant Director (e.g. Medical Director, Nurse Director etc.).
Completeness	Staff in post information on all NHSScotland employees is captured (100%) within SWISS. However, it is

	<p>acknowledged that certain fields within the system are better captured than others. ISD continues to work with the SWISS project team and each individual board to improve data quality.</p> <p>All NHS Boards in Scotland return vacancy information.</p>
Comparability	Workforce data are comparable and regularly used in both UK and international comparison reports (e.g. EUROSTAT).
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	All Workforce tables are accessible via the ISD website. Workforce statistics are presented within Excel spreadsheets of staff groupings, where appropriate. Staff groups are split by band, age, gender and contract type. This should minimise the number of spreadsheets a user has to go through to find data, as well as ensure that they are selecting the correct data. Geographical hierarchies are also presented using drop down menus. Spreadsheet formats have been altered for increased clarity by introducing drop-down menus.
Value type and unit of measurement	Headcount and WTE = number, rate, percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority. Report published May 2010.
Last published	6 September 2016
Next published	7 March 2016
Date of first publication	Paper publications since 1970s, web publications since 1996.
Help email	nss.isdwfdinfo@nhs.net
Date form completed	November 2016

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.